

**CAMPBELL COUNTY DEPARTMENT OF HOUSING
DIRECT DEPOSIT PAYMENT AUTHORIZATION AGREEMENT
FOR SECTION 8 LANDLORDS**

I hereby authorize Campbell County Department of Housing to initiate credit entries to my account (identified below) in the bank named below and authorize the bank to credit the same to my account.

This authority is to remain in effect until revoked by me in writing or by termination of my rental contract with the Campbell County Department of Housing

CHECKING

Checking Account Number _____
Transit/ABA Number of Bank _____

Bank Name

City, State

SAVINGS

Savings Account Number _____
Transit/ABA Number of Bank _____

Landlord Signature

Print Name

Date

PLEASE NOTE:

FOR CHECKING ACCOUNTS: YOU MUST ATTACH A VOIDED CHECK OR COPY OF CHECK AND ATTACH TO THIS FORM.

FOR SAVINGS ACCOUNTS: YOU MUST CALL BANK TO OBTAIN THE CORRECT TRANSIT/ABA NUMBER IN WRITING AND SUBMIT WITH THIS FORM. DEPOSIT SLIPS MAY HAVE INVALID TRANSIT/ABA NUMBERS.